

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular			<u>3</u>	<u>8/1/2019</u>		<u>CALIENTE</u>	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>		RATING	<u>9:45am</u>	<u>12:00pm</u>	<u>NORMAN, TOMMY</u>	
Investigation			<u>A</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<u>190001069</u>		<u>LOT 1144 #135 ARCHBISHOP PLUMES ST. CUAH</u>	
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations		RISK CATEGORY
<u>RESTAURANT</u>			<u>8</u>	<u>477-4681</u>	<u>0</u>		<u>3</u>
					No. of Repeat Risk Factor/Intervention Violations		
					<u>N/A</u>		

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS	Compliance Status			COS	R	PTS
<b>Supervision</b>											
1	<input checked="" type="radio"/> IN	OUT			6						
Person in charge present, demonstrates knowledge, and performance duties											
<b>Employee Health</b>											
2	<input checked="" type="radio"/> IN	OUT			6						
Management awareness; policy present											
3	<input checked="" type="radio"/> IN	OUT			6						
Proper use of reporting, restriction & exclusion											
<b>Good Hygienic Practices</b>											
4	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
Proper eating, tasting, drinking, betelnut, or tobacco use											
5	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
No discharge from eyes, nose, and mouth											
<b>Preventing Contamination by Hands</b>											
6	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
Hands clean and properly washed											
7	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
No bare hand contact with ready-to-eat foods or approved alternate method properly followed											
8	<input checked="" type="radio"/> IN	OUT			6						
Adequate handwashing facilities supplied & accessible											
<b>Approved Source</b>											
9	<input checked="" type="radio"/> IN	OUT			6						
Food obtained from approved source											
10	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
Food received at proper temperature											
11	<input checked="" type="radio"/> IN	OUT			6						
Food in good condition, safe, and unadulterated											
12	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
Required records available: shellstock tags, parasite destruction											
<b>Protection from Contamination</b>											
13	<input checked="" type="radio"/> IN	OUT	N/A		6						
Food separated and protected											
14	<input checked="" type="radio"/> IN	OUT	N/A		6						
Food contact surfaces: cleaned & sanitized											
15	<input checked="" type="radio"/> IN	OUT			6						
Proper disposition of returned, previously served, reconditioned, and unsafe food											
<b>Potentially Hazardous Food (TCS Food)</b>											
16	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
Proper cooking time and temperatures											
17	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
Proper reheating procedures for hot holding											
18	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
Proper cooling time and temperature											
19	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
Proper hot holding temperatures											
20	<input checked="" type="radio"/> IN	OUT	N/A		6						
Proper cold holding temperatures											
21	<input checked="" type="radio"/> IN	OUT	N/A	N/O	6						
Proper date marking and disposition											
<b>Consumer Advisory</b>											
22	<input checked="" type="radio"/> IN	OUT	N/A		6						
Consumer Advisory provided for raw or undercooked foods											
<b>Highly Susceptible Populations</b>											
23	<input checked="" type="radio"/> IN	OUT	N/A		6						
Pasteurized Foods used; prohibited foods not offered											
<b>Chemical</b>											
24	<input checked="" type="radio"/> IN	OUT	N/A		6						
Food additives: approved and properly used											
25	<input checked="" type="radio"/> IN	OUT			6						
Toxic substances properly identified, stored, used											
<b>Conformance with Approved Procedures</b>											
26	<input checked="" type="radio"/> IN	OUT	N/A		6						
Compliance with variance, specialized process, and HACCP plan											

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS	Compliance Status			COS	R	PTS
<b>Safe Food and Water</b>											
27		Pasteurized eggs used where required			1						
28		Water and Ice from approved source			2						
29		Variance obtained for specialized processing methods			1						
<b>Food Temperature Control</b>											
30		Proper cooling methods used; adequate equipment for temperature control			1						
31		Plant food properly cooked for hot holding			1						
32		Approved thawing methods used			1						
33		Thermometer provided and accurate			1						
<b>Food Identification</b>											
34		Food properly labeled; original container			1						
<b>Prevention of Food Contamination</b>											
35	<input checked="" type="radio"/> X	Insects, rodents, and animals not present			2						
36		Contamination prevented during food preparation, storage & display			1						
37		Personal cleanliness			1						
38		Wiping cloths: properly used and stored			1						
39		Washing fruits and vegetables			1						
<b>Proper Use of Utensils</b>											
40		In-use utensils: properly stored			1						
41		Utensils, equipment and linens: properly stored, dried, handled			1						
42		Single-use/single-service articles: properly stored, used			1						
43		Gloves used properly			1						
<b>Utensils, Equipment and Vending</b>											
44	<input checked="" type="radio"/> X	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1						
45		Warewashing facilities: installed, maintained, used; test strips			1						
46		Nonfood-contact surfaces clean			1						
<b>Physical Facilities</b>											
47		Hot & cold water available, adequate pressure			2						
48		Plumbing installed; proper backflow devices			2						
49		Sewage and wastewater properly disposed			2						
50		Toilet facilities: properly constructed, supplied, & cleaned			2						
51		Garbage/refuse properly disposed; facilities maintained			2						
52		Physical facilities installed, maintained, and clean			1						
53		Adequate ventilation and lighting; designated areas use			1						

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)		Date:
<u>TOMMY NORMAN</u>		<u>8/1/19</u>
DEH Inspector (Print and Sign)		Follow-up (Circle one):
<u>J. CRUZ</u>		<u>YES</u> NO
		Follow-up Date
		<u>8/31/19</u>

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ESTABLISHMENT NAME <b>CALIENTE</b>		LOCATION (Address) <b>SEE PAGE ONE</b>
INSPECTION DATE <b>8/1/19</b>	SANITARY PERMIT NO. <b>190001069</b>	PERMIT HOLDER <b>NORMAND, TOMMY</b>

**TEMPERATURE OBSERVATIONS**

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
<b>RILE / FRONT SERVICE LINE</b>	<b>141.5</b>	<b>FISH / REAR SERVICE LINE</b>	<b>33.5</b>
<b>REFRIED BEANS / " "</b>	<b>169.0</b>	<b>SALIMON / " "</b>	<b>30.0</b>
<b>CHICKEN / " "</b>	<b>140.0</b>		
<b>PORK / " "</b>	<b>153.5</b>		
<b>CHICKEN TACOS / REAR SERVICE LINE</b>	<b>38.5</b>		
<b>PORK TACOS / " "</b>	<b>41.5</b>		
<b>TAMALES / REAR CHILLER</b>	<b>42.5</b>		
<b>BEANS / " "</b>	<b>42.0</b>		
<b>CHICKEN / " "</b>	<b>39.5</b>		
<b>BEEF / REAR BOTTOM CHILLER</b>	<b>32.5</b>		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	<p><b>A REGULAR INSPECTION WAS CONDUCTED IN RESPONSE TO COMPLAINT #S 16-062A &amp; 17-028 REGARDING INSECTS FOUND IN FOOD OBTAINED FROM ESTABLISHMENT. PARTIAL EVIDENCE TO SUPPORT COMPLAINT OBSERVED AT TIME OF INSPECTION. PREVIOUS ASSESSMENT CONDUCTED ON 5/17/16.</b></p> <p><b>THE FOLLOWING WAS OBSERVED:</b></p>	
<b>#35</b>	<p><b>MULTIPLE FLIES NEAR SERVICE LINES.</b></p> <p><b>PESTS SHALL NOT BE ALLOWED IN ESTABLISHMENT TO PREVENT CONTAMINATION</b></p>	<b>8/31/19</b>
<b>#44</b>	<p><b>CARDBOARD BEING USED TO LINE SHELVING.</b></p> <p><b>ALL SURFACES SHALL BE SMOOTH, NON-ABSORBENT, &amp; EASILY CLEANABLE TO ALLOW FOR PROPER CLEANING.</b></p> <p><b>PHOTOS TAKEN</b></p> <p><b>A PLACARD NO.</b></p> <p><b>BRIEFED PIC ON ABOVE</b></p>	<b>8/31/19</b>

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date:

Date: